

MEMORANDUM

B & F

Agenda Item No. _____

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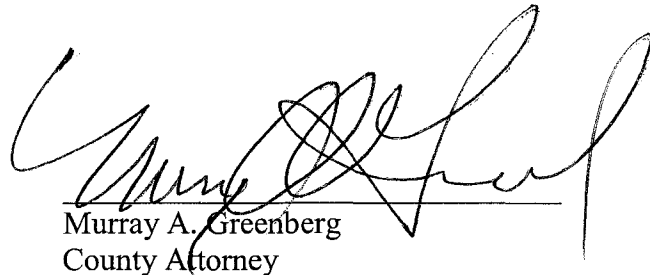
TO: Honorable Chairman Bruno A. Barreiro
and Members, Board of County Commissioners

DATE: MAR 13 2007

FROM: Murray A. Greenberg
County Attorney

SUBJECT: Resolution retroactively
authorizing in-kind services
for the Memorial Cubano

The accompanying resolution was prepared and placed on the agenda at the request of
Commissioner Joe A. Martinez.



Murray A. Greenberg
County Attorney

MAG/jls



MEMORANDUM

(Revised)

TO: Honorable Chairman Bruno A. Barreiro
and Members, Board of County Commissioners

DATE: April 24, 2007

FROM: Murray A. Greenberg
County Attorney

SUBJECT: Agenda Item No.

Please note any items checked.

_____ "4-Day Rule" ("3-Day Rule" for committees) applicable if raised

_____ 6 weeks required between first reading and public hearing

_____ 4 weeks notification to municipal officials required prior to public hearing

_____ Decreases revenues or increases expenditures without balancing budget

_____ Budget required

_____ Statement of fiscal impact required

_____ Bid waiver requiring County Manager's written recommendation

_____ Ordinance creating a new board requires detailed County Manager's report for public hearing

_____ Housekeeping item (no policy decision required)

_____ No committee review

Approved _____ Mayor
Veto _____
Override _____

Agenda Item No.
04-24-07

RESOLUTION NO. _____

RESOLUTION RETROACTIVELY AUTHORIZING IN-KIND SERVICES FROM THE MIAMI-DADE PARK AND RECREATION DEPARTMENT, THE MIAMI-DADE POLICE DEPARTMENT, THE MIAMI-DADE FIRE RESCUE DEPARTMENT, AND THE DEPARTMENT OF SOLID WASTE MANAGEMENT FOR THE FEBRUARY 10-17, 2007 "MEMORIAL CUBANO" SPONSORED BY MEMORIAL CUBANO, INC., A NOT-FOR-PROFIT ORGANIZATION, IN AN AMOUNT NOT TO EXCEED \$32,190.81 TO BE FUNDED IN PART FROM THE COUNTYWIDE IN-KIND RESERVE FUND, IN PART FROM THE NON-AD VALOREM PORTION OF THE FIRE RESCUE DISTRICT BUDGET, AND IN PART FROM THE SOLID WASTE DEPARTMENTAL BUDGET

WHEREAS, Memorial Cubano, Inc. has requested in-kind services from the Miami-Dade Park and Recreation Department, the Miami-Dade Police Department, the Miami-Dade Fire Rescue Department, and the Department of Solid Waste Management for the February 10-17, 2007 "Memorial Cubano" event in an amount not to exceed \$32,190.81 (see attached Fee Waiver/In-kind Service Application); and

WHEREAS, the "Memorial Cubano" event is a simulated cemetery in which all the victims of the Cuban communist regime as of January 1, 1959 are honored; and

WHEREAS, Memorial Cubano, Inc. is a not-for-profit organization; and

WHEREAS, the "Memorial Cubano" event is a major event, as that term is defined on the attached Fee Waiver/In-kind Service Application, and \$18,440.56 of the in-kind services shall be funded from the Countywide In-kind Reserve Fund, \$11,954.25 of the in-kind services shall be funded from the non-ad valorem portion of the Fire Rescue District Budget and \$1,796.00 of the in-kind services shall be funded from the Solid Waste Departmental Budget.

NOW, THEREFORE, BE IT RESOLVED BY THE BOARD OF COUNTY COMMISSIONERS OF MIAMI-DADE COUNTY, FLORIDA, that this Board retroactively authorizes in-kind services from the Miami-Dade Park and Recreation Department the Miami-Dade Police Department, the Miami-Dade Fire Rescue Department, and the Department of Solid Waste Management for the February 10-17, 2007 "Memorial Cubano" event in an amount not to exceed \$32,190.81 to be funded in part from the Countywide In-kind Reserve Fund, in part from the non-ad valorem portion of the Fire Rescue District Budget, and in part from the Solid Waste Departmental Budget.

The foregoing resolution was sponsored by Commissioner Joe A. Martinez and offered by Commissioner _____, who moved its adoption. The motion was seconded by Commissioner _____ and upon being put to a vote, the vote was as follows:

Bruno A. Barreiro, Chairman	
Barbara J. Jordan, Vice-Chairwoman	
Jose "Pepe" Diaz	Audrey M. Edmonson
Carlos A. Gimenez	Sally A. Heyman
Joe A. Martinez	Dennis C. Moss
Dorrin D. Rolle	Natacha Seijas
Katy Sorenson	Rebeca Sosa
Sen. Javier D. Souto	

The Chairperson thereupon declared the resolution duly passed and adopted this 24th day of April, 2007. This resolution shall become effective ten (10) days after the date of its adoption unless vetoed by the Mayor, and if vetoed, shall become effective only upon an override by this Board.

MIAMI-DADE COUNTY, FLORIDA
BY ITS BOARD OF
COUNTY COMMISSIONERS

HARVEY RUVIN, CLERK

By: _____
Deputy Clerk

Approved by County Attorney as
to form and legal sufficiency.

WR

Monica Rizo

MIAMI-DADE COUNTY
FEE WAIVER/IN-KIND SERVICES APPLICATION

COUNTY FEE WAIVERS OR IN-KIND SERVICES REQUESTED THROUGH THIS PROCESS ARE NOT EFFECTIVE UNTIL APPROVED BY ACTION OF THE BOARD OF COUNTY COMMISSIONERS PURSUANT TO THE MIAMI-DADE COUNTY HOME RULE CHARTER

Please complete the following form and submit completed form along with requested materials, if applicable, to:

Special Events Staff
Communications Department
111 N.W. 1st Street, Suite 2510
Miami, FL 33128

Phone: (305) 375-2838
Fax: (305) 375-3968

Martinez
MDPD \$8,420.56
MDFR \$11,954.25
Parks \$10,020
SWM \$1,796.

32,190.81

all in all 20,236.56

Type of Event/Application (select one of the following):

- ☐ District Event - Event of minimal impact related to specific commission district (Complete questions 1-7, sign and date; copy will be submitted to the appropriate District Commissioner within two days of receipt of application.)
- ☐ Small Event - Event of minimal impact not necessarily related to a specific commission district. (Complete questions 1-7, sign and date.)
- ☐ Special Event - Event with expected attendance of less than 5,000 with localized impact limited to an individual community or municipality (Complete questions 1-12, sign, date and submit form no later than 60 days prior to event date.)
- ☒ Major Event - Large Event with expected attendance of over 5,000 or significant probability of protests, controversy, violence or vandalism (Complete questions 1-12, sign, date and submit form no later than 120 days prior to event date.)

1. Full legal name of the requesting organization: ELU MEMORIAL CUBANO INC.

2. Applicant Status: (Select one of the choices below)

- ☒ Not-For-Profit or Tax Exempt
- ☐ Local Government or Public Entity
- ☐ For-Profit
- ☐ County Sponsored Event/Sponsoring Department
- ☐ Other (specify):

3. Name and contact information for single point of contact (address, phone, fax, e-mail address, etc.): Francisco Garcia
MEMORIAL CUBANO 6550 SW 40th Miami, FL 33155 (786) 621-7303
(FAX) (305) 646-0390 CUBA@MEMORIALCUBANO.ORG

4. Specify fee waiver or in-kind service requested (quantify, if applicable): 2 portable Toilets, 3 waste
CONTAINERS & CANVAS (10X30) Second Stage - Stage - Security
POLICE SERVICE, RECEPTION SERVICE, & GOLF CARTS (for elderly & handicapped)

5. Name, date of event, description, and purpose of the event (if event is a fund-raiser, define the beneficiaries):
MEMORIAL CUBANO Date February (12-17) Significant Cemetery
IN WHICH ALL THE VICTIMS OF THE CUBAN COMMUNIST REGIME ARE
RECORDED 1-1959 ARE HONORED

6. Please select ALL that apply to event:

- ☒ Economic Development: Event supports vitality or growth of the local economy
- ☒ Youth/Education: Event benefits youth of any age and/or offers educational benefits
- ☐ Health and Social Services: Event supports health-related causes and/or social programs or institutions that improve quality of life within the community
- ☒ Arts and Culture: Event supports music, theatre, literature, art or culture
- ☐ Environmental: Event benefits environmental concerns or promotes conservation
- ☐ Sports and Athletics: Event supports/promotes organized sports or recreational participation

7. Physical address of event venues (please specify Commission District(s)):

MIAMI BEACH

MIAMI-DADE COUNTY
FEE WAIVER/IN-KIND SERVICES APPLICATION

8. Description of regional or local impact: Educational Historical informative this
Activity will inform the new generations of all the victims
of FRED CASHES REGIME, AND THE MEANING OF FREEDOM TO
DEMOCRACY.
9. Daily/hourly event schedule, including set-up and breakdown schedule (attach event calendar, if applicable): ATTACHED
10. Detailed description of event venues (map or schematic of event venues, access points, surrounding roadways and traffic flow diagrams, if applicable): ATTACHED
11. Expected number of participants and estimated attendance (per day, if applicable): APPROX. 6500 PER DAY
12. Itemized budget, including total event budget, total budget of host organization, if applicable, and total commitment of resources (attach additional pages as needed): ATTACHED

I hereby certify that all the statements made in this application are true and correct.

Juanita Chavis
Signature of Authorized Representative

Date 1/9/07